Scientific Reference Document

Coercive Control, DARVO, and Physiological Impact

Prepared for Clinical Record | ʻIolani Puʻu Kolenc | March 2026

This document compiles peer-reviewed scientific research relevant to the clinical and legal record of ʻIolani Puʻu Kolenc. It is provided as context for current and future treating providers. The research below directly addresses: (1) the behavioral pathology of coercive controllers; (2) the DARVO tactic used to weaponize institutions; and (3) the documented physiological impact of long-term coercive control on the survivor's body.

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1. DARVO: Deny, Attack, Reverse Victim and Offender

DARVO is the primary mechanism by which coercive controllers weaponize institutions — including psychiatric facilities, police departments, and legal systems — against the person they are abusing.

Definition and Origin

DARVO was coined by psychologist Dr. Jennifer Freyd in 1997. It describes a documented reaction pattern in which perpetrators of wrongdoing Deny the behavior, Attack the person confronting them, and Reverse the positions of Victim and Offender — positioning themselves as the wronged party while casting the actual victim as the aggressor.

Key Research Findings

Harsey, Zurbriggen & Freyd (2020)

Deny, Attack, and Reverse Victim and Offender (DARVO): What Is the Influence on Perceived Perpetrator and Victim Credibility?

Journal of Aggression, Maltreatment & Trauma

Finding: Participants exposed to DARVO perceived the victim to be less believable, more responsible for the violence, and more abusive. DARVO led participants to judge the perpetrator as less abusive and less responsible. This is the mechanism by which institutions accept a perpetrator's false narrative.

https://www.tandfonline.com/doi/full/10.1080/10926771.2020.1774695

Harsey, Zurbriggen & Freyd (2017)

Perpetrator Responses to Victim Confrontation: DARVO and Victim Self-Blame

Journal of Aggression, Maltreatment & Trauma

Finding: The more DARVO a perpetrator used during confrontation, the more victims reported feeling responsible for the wrongdoing committed against them. This directly explains the

traumatic doubt and self-blame experienced by survivors even when they have clear evidence of the truth.

https://www.tandfonline.com/doi/full/10.1080/10926771.2017.1320777

Wikipedia overview of DARVO with full citation index:

https://en.wikipedia.org/wiki/DARVO

Clinical Relevance to This Record

The police report (Case 19-13682, Santa Barbara County Sheriff, October 12 2019) documents the perpetrator's calm, sequential account to the responding deputy — including attribution of psychiatric diagnoses that had been clinically removed, invention of a schizophrenia history, characterization of the patient's Lyme disease recovery as delusional, and reversal of victim and offender (presenting himself as the frightened victim of a violent, mentally ill wife). This is a textbook institutional DARVO deployment. The attending psychiatrist, [name redacted], subsequently found the patient's behavior to be caused by urinary tract infection producing medical delirium — not psychiatric crisis — and confirmed complex PTSD and trauma history (letter to presiding judge, October 22 2019).

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2. Coercive Control: Pathology and Deliberate Intent

Is Rejecting Medical Evidence a Form of Mental Illness?

The research does not support the framing of coercive control as simple mental illness. Rather, it identifies a specific personality structure — pathological narcissism — that drives deliberate, instrumental behavior.

PMC / PubMed: Coercive Control and Intimate Partner Violence — Personality Disorder Severity and Pathological Narcissism

Finding: Pathological narcissism — including exploitativeness and impaired empathy — is strongly implicated in coercive control. The research supports a dimensional model: narcissistic pathology may be a necessary but not sufficient condition. Severity of personality functioning captures additional impairment including aggressivity, externalizing tendencies, and moral functioning.

https://pmc.ncbi.nlm.nih.gov/articles/PMC12411753/

End Coercive Control USA: The Quicksand Model

Finding: The vast majority of abusers know exactly what they are doing. Coercive control is a pattern of behavior designed to establish and maintain domination. The tactics and strategies are always instrumental and purposeful. This directly contradicts the "he was confused" or "he couldn't cope" framing.

https://endcoercivecontrolusa.com/am-i-the-coercive-controller-am-i-the-abuser-am-i-the-narcissist/

Double Think: The Mechanism of Simultaneous Knowing and Not-Knowing

Finding: Narcissists rely heavily on Double Think — holding contradictory beliefs simultaneously — to maintain their self-image as a good person while engaging in harmful behavior. A coercive controller can simultaneously know that the victim's illness is real and tell institutions it is delusional, because accepting the reality would require self-confrontation he is psychologically unable to perform.

https://endcoercivecontrolusa.com/blog/double_think_and_coercive_control

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3. Physiological Impact of Coercive Control on the Survivor's Body

This section is of direct clinical relevance to the patient's current medical presentation, including persistent hypotension, adrenal axis dysregulation, immune suppression during Lyme disease treatment, low body temperature, fatigue, and kidney function decline.

HPA Axis Dysregulation and Cortisol

ScienceDirect: Intimate Partner Violence and Hair Cortisol Concentration

Finding: IPV severity was a significant predictor of lower hair cortisol concentrations — indicating HPA axis dysfunction from chronic stress exposure. Under chronic stress, allostatic load ("wear and tear") manifests as dysregulation of the hypothalamic-pituitary-adrenal axis and disturbances in cortisol levels. Increased cortisol secretion occurs at the beginning of trauma exposure; long-term stress exposure results in low cortisol — which maps directly to the patient's documented adrenal and blood pressure pattern.

https://www.sciencedirect.com/science/article/abs/pii/S0306453020303206

Neurobiology of Coercive Control

Somatic Paths Wellness: The Neurobiology of Coercive Control (citing Arnsten 2009, Siegel 2012, LeDoux 2000)

Finding: In relationships marked by coercive control, the survivor's nervous system learns to stay in a state of hypervigilance. The hippocampus struggles to lay down coherent memories under chronic stress. The prefrontal cortex — responsible for rational thought — becomes less active when fear responses dominate. Survivors may second-guess themselves, have trouble recalling events, or feel easily overwhelmed. This neurological confusion is then weaponized by abusers as further "proof" of instability. Neuroplasticity means the brain and body are not permanently broken — healing is possible through somatic therapy and trauma-informed care.

https://diversepathswellness.com/the-neurobiology-of-coercive-control/

Mental Health: Systematic Review and Meta-Analysis

Lohmann et al. (2023) — PubMed/PMC

The Trauma and Mental Health Impacts of Coercive Control: A Systematic Review and Meta-Analysis

Finding: Coercive control exposure is moderately associated with PTSD (r=.32) and depression (r=.27). These associations are comparable to those for physical IPV. Survivors report that coercive control affected their adrenal system, metabolism, hormones — "everything getting out of whack." Long-term physical health impacts include chronic pain and fatigue.

https://pubmed.ncbi.nlm.nih.gov/37052388/

https://pmc.ncbi.nlm.nih.gov/articles/PMC10666508/

PubMed: Coercive Control and the Effect on Mental Health of Female Victims

Finding: Seven out of ten studies found significant association between coercive control exposure and depression, anxiety, PTSD, and suicidal thinking.

https://pubmed.ncbi.nlm.nih.gov/37921098/

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4. Institutional Betrayal and Medical System Failure

The patient's history documents a pattern in which medical and legal institutions absorbed the perpetrator's narrative rather than conducting independent clinical assessment. This has a documented name in the research literature: institutional betrayal.

Key documented failures in this record include:

- PHF intake staff designated the patient as "not a reliable historian" while taking the perpetrator's phone account as the primary clinical source
- The Lyme disease recovery — documented across 2013-2026 with clinical confirmation from a naturopath and a doctor of Chinese medicine with a Western degree, and a Horowitz questionnaire score of 100+ — was entered into the psychiatric record as "delusional" based solely on the perpetrator's report
- Bipolar diagnosis that had been clinically removed by multiple providers was reinstated in the PHF record based on the perpetrator's account
- Schizophrenia — never a diagnosis in the patient's record — was entered based on the perpetrator's report
- The attending psychiatrist [name redacted] ultimately confirmed: UTI-induced delirium (medical, not psychiatric), complex PTSD, and trauma history — and advocated against jail transfer

Clarity House Press research on institutional failure in coercive control cases:

"88% of therapists lack NPD-specific training. 67% of courts fail to recognize coercive control. 61% of medical professionals don't screen for domestic violence."

https://clarityhouse.press/research

Closing Clinical Note

This patient has been self-advocating against institutional dismissal since at least 2012 — requesting the correct imaging for aneurysm screening, identifying and treating Lyme disease against medical resistance, correcting a bipolar misdiagnosis, and naming 33 years of coercive control after the system failed to recognize it for three decades.

The research compiled above confirms that what was done to her — the institutional DARVO deployment, the narrative control, the physiological consequences — is documented, named, and scientifically understood. It also confirms that healing is possible. Neuroplasticity, somatic therapy, and trauma-informed care are the evidence-based path forward.

She is not anxious. She is informed. The record proves it.

— Compiled by patient, March 2026